

Official USCG Transcript Request

Purpose: This form is used to request an **official transcript** of college credits recommended by the American Council on Education (ACE) for educational experiences for active duty, reserve and civilian employees of the Coast Guard. Designate the name and address of the recipient in the space designated below. It is recommended that you go on-line at <https://uscged.mmac.faa.gov> and view your educational record to ensure that all your military learning experiences are listed in your education record. If you need to update your training data, submit CGI Form 1563 along with all required documentation. Without proper documentation (certified true copies) of course completion certificates, DD 214s, etc, the training will not be listed on the official USCG Transcript. The Update form may be submitted with this form in order to expedite your request.

SSN: _____

UNIT OPFAC: _____

Full Name: _____
Last Name First Name MI

Applicant Mailing Address:

Work Phone Number: _____

Okay to call work: Yes No

Home Phone Number: _____

Best time to call: _____

Mail Official Transcript to: (Limit of 5 transcripts per request and 5 transcript requests per quarter.)

University / College Name: _____ (Do Not Use Acronyms)

ATTN: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

I am pursuing/enrolling in a degree program of _____ (subject) at the SOCCOAST Institution listed above.

Check applicable program. (If not applying for program leave blank.)

OCS ACET PPEP CSPI Other (specify) _____
(e. g. PYA Program)

Date of Selection Board: _____

In accordance with the Privacy Act, 5 USC Section 552, Family Education and Privacy Act of 1973, the applicant grants permission for the USCG Institute to provide personal and education information to partnership institutions to aid in degree completion. Personal information shall not be given to other institutions or to a third party without the applicant's written permission. ALDIST 102/94 authorizes the Institute to collect this information. The Institute will maintain the information in order to officially transcript applicant's military learning experiences. **Failure to provide the requested information may adversely affect the college credit recommendations received by the applicant.** My signature certifies that the foregoing information is true and accurate.

APPLICANT'S SIGNATURE (Required)

DATE

Mail this Form to:
Commanding Officer (ve)
USCG Institute
5900 SW 64th St, Rm 228
Oklahoma City, OK 73169-6999

Fax Form to:
405-954-7249

Email form to:
ve@cginstitute.uscg.mil